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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09303677</i>	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1	1					51		
2	1	1	—				52		
3	1	1	—				53		
4	1	1	—				54		
5	1	1	—				55		
6	1	1	1				56		
7	1	1	4				57		
8	1	1	4				58		
9	1	1	1				59		
10	1	1	1	—			60		
11	1	1	1	—			61		
12	1	1	1	—			62		
13	1	1	1	—			63		
14	1	1	1	—			64		
15	1	1	1	—			65		
16	1	1	1	4			66		
17	1	1	1	4			67		
18	1	1	1	—			68		
19	1	1	1	—			69		
20	1	1	1	—			70		
21	1	1	1	—			71		
22	1	1	1	—			72		
23	1	1	1	—			73		
24	1	1	1	4			74		
25	1	1	1	4			75		
26	1	1	1	—			76		
27	1	1	1	—			77		
28	1	1	1	—			78		
29	1	1	1	—			79		
30	1	1	1	—			80		
31	1	1	1	—			81		
32	1	1	1	4			82		
33	1	1	1	4			83		
34	1	1	1	4			84		
35	1	1	1	4			85		
36	1	1	1	4			86		
37	1	1	1	4			87		
38	1	1	1	4			88		
39	1	1	1	4			89		
40	1	1	1	4			90		
41	1	1	1	4			91		
42	1	1	1	4			92		
43	1	1	1	4			93		
44	1	1	1	4			94		
45	1	1	1	4			95		
46	1	1	1	4			96		
47	1	1	1	4			97		
48	1	1	1	4			98		
49	1	1	1	4			99		
50	1	1	1	4			100		
TOTAL IND.	4	1	1	4			TOTAL IND.	4	1
TOTAL DEP.	52	32	32	32			TOTAL DEP.	52	32
TOTAL CLAIMS	56	36	36	36			TOTAL CLAIMS	56	36

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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